



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance.  
Complete this report whenever the instrument is serviced or repaired and when  
Retain the original and send a copy within 15 days to the Breath Alcohol Program.

**RECEIVED**

By Carol Day at 12:45 pm, Aug 10, 2015

INTOX DMT SN 500113	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 08/05/2015
LOCATION OF INSTRUMENT (STREET AND CITY) Dent Co. Jail, 112 E. 5th St., Salem		TIME OF INSPECTION 13:56:02

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

DATE AND TIME <u>08/05/2015 13:56:04</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.5°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG516801</u> EXP. DATE <u>06/17/2017</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

- ☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.096	TEST 2: 0.096	TEST 3: 0.096
---------------	---------------	---------------

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-04: 0	05-09: 0	10-14: 0	15-19: 0	OVER 19: 0
-------------	---------	----------	----------	----------	------------

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

Instrument returned to service

INSPECTING OFFICER

SIGNATURE <i>K.D. Wilmont</i>	PRINT FULL NAME KYLE D WILMONT	
TYPE II PERMIT NUMBER 240188	EXPIRATION DATE 04/22/2016	TELEPHONE NUMBER 573-368-2345

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Customer Name

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 17-Jun-2015

Lot # AG516801

Exp. Date

17-Jun-2017

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.100  $\pm$  2% BrAC (260 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.

EB0010581

Concentration

391.8 ppm

EB0010570

259.8 ppm

EB0010285

209.0 ppm

EB0010561

103.7 ppm

EB0010681

52.22 ppm

Serial No.

EB0010603

Concentration

392.5 ppm

EB0010559

258.9 ppm

EB0010595

208.9 ppm

EB0010562

104.9 ppm

EB0010579

52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control  
Date: 2015.06.17 15:18:11 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

**PERMIT  
TYPE II**

**STEVE M BIELAWSKI**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/7/2014

NUMBER 240045


EXPIRES 3/7/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PS-10)

 **STATE OF MISSOURI**  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator **BIELAWSKI, STEVE**  
Permit No **240045**  
Date Issued **3/7/2014** Date Expires **3/7/2016**